



3 Parts:

- 1. Child and Family Teams**
- 2. Training Tools**
- 3: Tools for Organizing a SOC**

North Carolina **System of Care** **Resource Book**

Tools from **NC FACES**

Part 2: Training Tools

North Carolina
FACES
Resource Book

Training Tools

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Acknowledgments

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The Exceptional Children's Assistance Center and
The NC Council of Community Programs
in collaboration with the NC Division of MH/DD/SA

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- Guilford System of Care
- Families and Children Together (FACT)
- FACES in Cleveland County
- Sandhills FACES

SOC-Net Site Contributors included:

- Smoky ONE System of Care
- OPC System of Care

About These Materials

This Resource Book includes System of Care materials developed by the SOC demonstration projects. The Resource Book is divided into three parts:

1. Child and Family Teams
2. Training Tools
3. Tools for Organizing

How to Use Part 2 - Training Tools

This section includes information related to training activities that were developed in SOC demonstration sites. These SOC-friendly tools are intended to be used as samples that can be adapted for use in other communities.

Preparing for Training

- Sample Flyer and Registration Form
- Sample Training Agenda

Note: NC FACES communities conducted numerous training sessions to inform and to promote the System of Care to interested agencies and groups. These sample training tools were helpful for planning and getting the word out about the training.

- Sample Training Plan for Introductory Training Session

Note: The NC FACES sites developed several training curricula to help other people deliver relevant training. The sample Training Plan can help organize an SOC training agenda and help delegate assignments to trainers.

Training Materials

- Introductory Training: Sample Pages
- System of Care: Similar or Different?
- SOC Training for Judges

Note: The Introductory Training: Sample Pages are selected pages from a training manual developed by an NC FACES site. This portion of the curriculum teaches some of the values and attitudes that support the SOC. It also includes training for conducting strength assessments. The complete curriculum is available upon request.

- Sarah's Story: Training Role Play
- Sarah's Coordinated Service Plan
- Wrap-Around Service Plan

Note: These training materials are designed to be used as an interactive case study. The materials can be used to guide an audience through an interactive session that proceeds from the initial presentation of "Sarah's Story," through the development of her family's coordinated service plan, to the recording of her plan in a format that can be acceptable for agency records.

Sample Training Flyer

Flyers are a convenient way to announce your training. Following is a sample flyer and registration form from the Guilford County Community Collaborative training committee.

The Guilford County Community Collaborative Training Committee Presents "Building Systems of Care"

PRESENTED BY: Margaret A_____, Director Division of Children, Youth, Families and Communities; Patti G_____, Prevention Education Coordinator with Family Service of the Piedmont, Inc.; and Claretta W_____, Mental Health Association Family Advocate

OVERALL GOAL: Participants will learn how to function as a coordinator or as a contributing team member in Child and Family Team Meetings

AUDIENCE:

- Individuals who will have primary responsibility of coordinating child and family teams
- Family Members of children with emotional and behavioral disturbance
- Individuals who are invited to participate in Child and Family Team Meetings

PURPOSE Participants will be able to:

- Define System of Care
- Identify key elements of effective teams
- Understand the importance of assessing family and system strengths
- Discuss the challenges and benefits of collaboration
- Explain the role of the coordinator in plan development
- Identify characteristics of effective and ineffective meetings
- Practice building a plan in a mock planning session
- Target personal goals for practice development

LOCATION: The Guilford Center at Bellemeade Room 201
201 N. Eugene Street, Greensboro, NC 27401

DATE: Thursdays, May 8th and 15th 2003 (Participants must attend both days)

TIME: 9:00am-4:00pm

COST: \$10.00

CREDIT: 1.1 CEU (11 contact hours) and NBCC available through AHEC for an additional \$10 a person; can pay in advance or on the day of the training

Sample Training Registration Form

€ Questions? Call Name at XXX-XXX-XXXX

REGISTRATION

“Building a System of Care” Deadline May 1st

FAX registration form to Name at xxx-xxxx or email to systemofcare@_____ by April 1st 2003

Confirmation and parking information will be faxed or emailed to each participant.

Print Name (Please Include Middle Initial) _____

Agency Name _____

Work Phone _____ Fax _____ Email _____

? No ? Yes Under the guidelines of the Americans with Disabilities Act, do you require reasonable accommodation(s) for this training (If “Yes,” a staff member will contact you).

In what capacity are you coming to this training:

___ Mental Health representative ___ Health Department representative ___ Private Provider

___ Juvenile Justice representative ___ School Representative ___ Other

___ Social Services representative ___ Parent (no charge)

€ Mail a check payable to The Guilford Center for \$10.00 for registration only or for \$20.00 if you are also paying in advance for CEU’s to Margaret A _____, PO Box 26170, 41 McNutt Building, UNCG Campus, Greensboro, NC 27402. **ADVANCE PAYMENT MUST BE RECEIVED OR YOU WILL NOT BE CONSIDERED REGISTERED. NO REFUND IF CANCELLATION LESS THAN 48 HOURS.**

Supervisor’s Approval Signature

Date

Sample Training Agenda

This is a training agenda for the SYSTEM OF CARE TEAMWORK PROTOCOL TRAINING curriculum on the following pages.

TRAINER'S AGENDA SYSTEM OF CARE TEAMWORK PROTOCOL TRAINING REVISED January/2003

8:30 – 8:45	Registration
8:45 - 9:05	Introductions
9:05 - 9:25	Ground Rules and Expectations
9:25 - 9:35	History
9:35 - 9:55	3 Card Draw/ Forced Choice
9:55 - 10:15	System of Care Philosophy
10:15 - 10:35	Break
10:35 – 10:55	Sentence Stems
10:55 - 11:25	System of Teamwork Protocol
11:25 - 12:00	Strengths Perspective
12:00 - 1:00	Lunch
1:00 - 1:40	Facilitation of Child and Family Teams
1:40 - 1:50	Preventions and Interventions
1:50 - 2:05	Role-Play Preparation
2:05 - 2:20	Break
2:20 - 3:20	Role Play
3:20 - 3:30	Wrap-up Exercise
3:30 - 3:45	Evaluation

Training Plan - Day 1

This is a training plan for the SYSTEM OF CARE TEAMWORK PROTOCOL TRAINING curriculum on the following pages.

TIME	CONTENT/LEARNING POINT	METHOD/ACTIVITIES	MATERIALS	TRAINER
Day 1				
9:00-9:15	Introductions/hot tips/parking lot/review agenda	lecturette	flip chart markers handouts	
9:15-9:35	Icebreaker	shoe activity		
9:35-9:55	Defining system of care and child/family team plan	lecturette	overheads	
9:55-10:30	Values that drive the process	jigsaw	puzzle pieces	
10:30-10:45	Break			
10:45-11:15	Utilizing strengths in planning-why?	guided imagery	Elevator Story overhead	
11:15-11:30	Functional strengths	large group demonstration-small grp practice	flipchart	
11:30-11:45	Tools & techniques to discover strengths - Observaton - Questionairres	lecturette	overhead	
11:45-1:00	Lunch			
1:00-1:15	Energizer			
1:15-1:50	Eco-mapping	small group activity	paper for each group markers	
1:50-2:40	Strengths chat	partners	worksheet flipchart tape	
	Break			
2:40-3:15	Reframing	small group	worksheet	
3:45-3:30	Closing			

Training Plan - Day 2

This is a training plan for the SYSTEM OF CARE TEAMWORK PROTOCOL TRAINING curriculum on the following pages.

TIME	CONTENT/LEARNING POINT	METHOD/ ACTIVITIES	MATERIALS	TRAINER
Day 2				
9:00-9:20	Icebreaker	wallets/purses A-Z		
9:20-10:00	Building effective teams	view videotape develop list of contributors to effective teams	video flipchart	
10:00-10:35	Having effective meetings	small group brainstorm characteristics of good/bad meetings	post-it cards	
10:35-10:50	Break			
10:50-11:15	Three principles of team	lecturette	overheads	
11:15-11:45	Steps of planning process	large group guided activity-“Let’s Take a Trip”	overhead handout	
11:45-12:45	Lunch			
12:45-1:30	Defining the steps	card sort	cards and answer sheet	
1:30-1:45	Promoting creativity	ping-pong ball		
1:45-2:30	Child and Family Team meeting	small group	handout flipchart sheet (each group) marker tip cards tape	
2:30-2:45	Break			
2:45-3:05	Gallery Walk and Feedback	review other plans	quality checkpoints green and red stickies	
3:05-3:30	Closing activity /evaluation			

Introductory Training: Sample Pages

For a complete copy of this curriculum contact:

I. Introductions (20 min.)

Ask participants to share their name, role and one of their strengths. (Or conduct another introductory activity of your choice.)

II. Ground Rules, Agenda, Expectations (20 min.)

A. Establish ground rules as group.

Disposable Flip Chart

Ground rules are commitments made to the team as a whole to behave in a defined way (refer to handout). Other ways to frame ground rules are standards of behavior, team meeting behavior, team commitments, team operating principles, team agreement, etc. It is important that teams develop their own ground rules and be willing to review, clarify and agree (RCA) to the agreements at each meeting.

Create the ground rules that the training team will use during the training session. Demonstrate how to brainstorm by generating a set of agreements that the team will be willing to use, list on flipchart, ask for the team to review, ask for clarification, and agreement. After getting agreement, ask how they would like to enforce those agreements.

Suggest that a gentle reminder from anyone in the team to anyone who is deterring is appropriate (you are encouraging the team to be self monitoring). The team can add or delete at any point.

Remind facilitators that ground rules are a major “prevention tool.” Get agreement (RCA) and keep visual.

B. Establish Bin

Disposable Flip Chart

A bin is a way to deal with issues/questions that team members would like to have addressed but may not fit into the flow of training or meeting at a particular time. It is VITAL to return to the BIN issues at the end of the meeting/training or incorporate into the next agenda. The bin is a prevention tool to keep the meeting on track and to help resolve all appropriate issues.

C. Review Agenda*Flip Chart*

Have the training agenda posted on the wall. Get agreement (RCA) to have team help you stay on time. This may mean that discussion or role-plays may be shortened in order to move along in the agenda. Your commitment as a trainer is to cover the material as thoroughly as possible.

D. Expectations*Disposable Flip Chart*

Elicit from group and write on flip chart. Sharing expectations lets participants know that they are in the same boat, may help them see the training in a different light; expand their own thinking and expectations. Keep the expectations sheet visual so you can refer back to it at the end of the training.

III. History of Protocol in Buncombe County (10 min.)

- A. Refer to page 3, Introduction of Protocol.
- B. Emphasize the positives of recent struggles and process. The Protocol is an evolving document. Our community is ahead of a lot of the state in terms of working together in teams and attempting to bring system of care philosophy to bear on teamwork. Our community will continue to struggle with this process and we grapple with the best way to work together to serve children and families. The protocol is a fluid document in that it reflects our community struggling to determine best practice in terms of interagency collaboration.

Note: The Interagency Protocol is included in Part 1 of these materials.

IV. System of Care Philosophy/ Core Values of Protocol (60 min.)

A. Choose between 3 Card Draw Activity or Forced Choice Questions Activity (20 min.)

3 Card Draw Activity

Trainer's Note:

This exercise introduces key concepts of wraparound and stimulates thought about the role of parents in planning and service delivery. Many of the cards have provocative statements that people will disagree with. This is intentional and should stimulate thought and active discussion. However, it is important that the trainer prevents long discussions or arguments that may require too much time.

Introduce the activity as follows:

We are going to begin our training on the SOC philosophy by playing a game called 3 Card Draw. The purpose of the game is to introduce you to some of the concepts and values of the SOC process and find out where each one of you stands in relation to some of these values and concepts. You will each get 3 cards that contain statements about working in a SOC. You will get a chance to trade cards with each other and then you will be asked to read the statements from the cards that you agree with. There are no right or wrong answers in this activity. The idea is to share opinions and discover where you stand in relation to some values and attitudes that are common in a SOC.

Steps for the activity:

1. Distribute 3 cards to each person. Ask participants to stack the cards in the order in which they most strongly agree with the statement.
2. Ask participants to move around the room and trade cards to get the hand that they like the best. Allow about 5 minutes to trade cards.
3. Reconvene the group. Ask some to read their first card and explain why they chose it.
4. If participants express attitudes that are clearly inconsistent with the values of a SOC, ask for other participants to react to the statement.

Summary:

Reiterate some of the dominant issues and viewpoints from the discussion. Reinforce

examples of the values and attitudes that participants mentioned that are part of the paradigm shift for work in a SOC.

Forced Choice Activity

Trainer's Note:

This exercise introduces key concepts of wraparound and stimulates thought about the role of parents in planning and service delivery. Many of the questions have provocative statements that people will disagree with. This is intentional and should stimulate thought and active discussion. However, it is important that the trainer prevents long discussions or arguments that may require too much time.

Introduce the activity as follows:

We are going to begin our training on the SOC philosophy by playing a game called, Forced Choice. The purpose of the game is to introduce you to some of the concepts and values of the SOC process. You will need to choose between two statements about working in a SOC. There are no right answers.

Steps for the activity:

1. Read the first pair of statements and ask participants to go to one side of the room if they agree with option "A" and another side of the room if they agree with option "B".
2. Read the list of options continuing to have participants moving from side to side (ask questions in a way that will make the most people move from one side to another).
3. As you move into questions relevant to the System of Care, periodically stop and ask participants why they have chosen a particular statement.
4. If participants express attitudes that are clearly inconsistent with SOC values, ask other participants to react to this.
5. You may add any questions that you like.

Questions for the activity:

If you enjoy sports go to area A.

If you do not enjoy sports go to area B.

If you have siblings go to area A.

If you do not have siblings go to area B.

If you consider yourself an extrovert go to area A.

If you consider yourself an introvert go to area B.

If you liked school as a kid go to area A.

If you did not like school as a kid go to area B.

(A) If you have a child served by the System of Care.

(B) If you do not have a child served by the System of Care.

(A) If you think that service plans in your community are needs-driven rather than service-driven

(B) If you think that service plans in your community are service-driven rather than needs-driven

(A) If you think that no family is hopeless.

(B) If you think that there are hopeless families.

(A) If you think that service plans in your community are typically family-centered rather than child-centered

(B) If you think that service plans in your community are typically child-centered rather than family-centered.

(A) If you think that service plans in your community are strengths-based.

(B) If you think that service plans in your community are not strengths-based.

(A) If you think that service plans in your community are culturally sensitive.

(B) If you think that service plans in your community are not culturally sensitive.

B. Presentation on the Core Values of SOC Philosophy (20 min.)

2 Handouts - Values of the Children's Collaborative and SOC Similar or Different

Flip Chart

Review the following System of Care Values and Principles:**Child Centered****Services and supports:**

Are provided in the best interest of the child

AND

Ensure that child's physical, emotional, educational and spiritual needs are being met

Family Focused

- Services and supports based on the strengths and needs of the entire family
- Child viewed as a part of a whole family system
- Families with children with mental health concerns are vulnerable and community support can play a critical role in providing security and permanence

Individualized

- Plans and supports for children and families;
- Are tailored to the unique situation, strengths and needs of each child and family
- Flexible funding sources to support individualization sources are encouraged

Strength Based

- By identifying and using the assets of the child, family and community.

Community Based

- Services and supports are provided in the home community of the child and family whenever possible.

Attuned to Safety

- Service and supports are developed to ensure the safety of the child, family and community
- Services and supports are developed to best ensure an adequate assessment of risk and to reduce the emotional and physical risk to all those involved

Culturally responsive and inclusive

- Services and supports reflect the unique cultural values and practices of the child and family
- These include issues such as ethnicity, family structure, community and spiritual preferences
- The diversity in the community including family representation, will be reflected in the Consortium membership

Family/Professional Partnership

- Interactions between professionals and families are conducted in a mutual “no blame – no shame” fashion
- Children and families have a legitimate say in all aspects of their services and supports, as well as a role in community planning activities

Commitment and Integrity

- Overall change in the service delivery system is also difficult to achieve
- Members of the consortium commit to mutual persistence in the development of services
- Consortium members agree to modify a plan when needed instead of rejecting a child and family
- Individual, provider and community level relationships are all interactions deserving respect by honoring follow-through, honesty and persistence

Reflective of Research and Innovation

- Emphasis on excellence, best practice and creative solutions as guides in program development

Outcome Based

- Services and supports are outcome based with clear accountability
- Plans for children and families have clear outcomes
- Integrated outcome information is used as a tool by family's staff and policy makers to plan and develop systems of care.

Provided in Collaboration

- Collaboration between agencies, schools, advocates, funders, community resources and families is the best way to build effective services and supports
- Whenever the needs of the child and family go beyond what any one entity can provide all work together to meet these needs

Responsive to Community Needs

- The community will make a commitment to the identification of emerging needs and the documentation of trends in services to meet those needs

Encouraging of Family Support

- Via informal /non-traditional
- Via an appreciation of the importance of diverse support resources
- Building and strengthening both family support networks and informal/non-traditional resources is essential

Fiscally Responsible

- Services and supports are consistently reviewed to ensure responsible financial utilization.
- Cost responsible means that local communities control expenditure of funds to best meet the needs of all children and families in their geographical area.

BREAK 15 minutes

C. Sentence Stems Activity (20 min.)

Handout

2 Disposable Flipcharts

Steps

Break into groups of 3 to complete following sentence stems:

1. To view family members as integral team members, you need to believe that...
2. To respect the decision-making authority of the family, you need to believe that...

Ask each small group to share back with total group. Record on flipchart.

V. Protocol Presentation (30 min.)

Divide the group into small groups. In the handout packet is a sheet "Activity to Highlight the System of Care Protocol". Groups work for about 20 minutes completing the form. Review the answers as a large group.

Strengths Based Perceptive

A. Elevator Exercise

Use the following for a visualization script.

"I would like you to close your eyes and go to that place where you can imagine something. Imagine that you are walking up to a tall building. You walk into the building and walk up to the elevator. You get on the elevator and it begins to go up. You will be getting off on the floor that represents a time in your life in which there was a crisis a transition or some difficult period. I will give you a minute to go there and get off the elevator. Now think about what is was that helped you through he time. What things inside of you and what things outside of you were helpful.....(wait a couple of minutes)now get back on the elevator and go down to the first floor. Get off and walk out of the building."

On a flip chart list those things that were helpful to people. Be sure and prompt for personal abilities, attitudes as well as external resources, people, activities, involvement in groups etc.

B. Strengths Perspective Discussion

2 Handouts

Flipchart

Refer to previous exercise and note that all the things listed are strengths that were used in difficult situations. Stress the importance of focusing on strengths with families rather than working from a problem based approach. Refer to handouts “Focusing on Strengths” and “Assessing Strengths”. Discuss the importance of starting from the first contact with a family from a strengths approach.

LUNCH 12:00 noon – 1:15 pm

Remind group of ground rules and everyone’s responsibility to return on time after lunch. Training will resume promptly at 1:15.

IX. Facilitation of Child and Family Teams (35 min.)

A. Exercise

Brown Packets

Introduce this exercise as follows: Child and family teams are critical to the success of the SOC process. The teams are responsible for creating, implementing, and monitoring wraparound plans. All team members have a role in the success of child and family teams. Let’s think about the “characteristics” of teams that work!

B. Roles/Behaviors of Effective Facilitators

2 Handouts

In large group, have participants brainstorm roles and behaviors of effective facilitators. Acknowledge all ideas. List on flipchart. Discuss any differences presented by participants.

Refer to handout.

C. Roles/Behaviors of Effective Team Members

Handout

Brainstorm roles and behaviors of effective child and family team members. Acknowledge all ideas. List on flipchart. Refer to handout.

X. Preventions and Interventions (10 min.)

2 Handouts

A. Preventions:

Preventions are actions anyone can take in a meeting to make a meeting run smoother. Following the prescribed agenda in the protocol is one of your best preventions.

Review preventions listed on handout. Give examples of how these preventions can be used in a meeting.

B. Interventions:

Handout

Interventions are facilitative behaviors used during a meeting to get the meeting back on track.

It is important for the facilitator to be aware of where the team is in the process and content of the discussion. Stay Alert! Creativity, directness, resourcefulness, honesty are important qualities that a facilitator brings to a meeting. Use your own strengths. Remember if the meeting “feels” uncomfortable, off-track to you, it probably does to someone else to. Be willing to speak for yourself trust your own perceptions. Luke Skywalker said, “May the force be with you”

Discuss and model how to use the facilitative interventions. Refer to handout and flipchart.

XI. Role Play (role-play of initial child and family team meeting)

Handout

Focus of Role Play:

- Provides participants to practice new skills in a safe arena
- Provides participants the opportunity to receive high quality, productive feedback on facilitative behaviors and team member behavior.
- Provides an opportunity to practice using protocol procedures.

Child and Family Plan:

- Review handout on Agency Plans which support the Child and Family Plan in preparation for doing the role play.

Steps in setting up the role-play: (Divide up if possible with one trainer working with each group).

1. Give the participants the reasons listed above for the role-play. Feedback will come from the trainer and the participants. Make the role play safe.
2. Have the team read the scenario.
3. Ask for a volunteer facilitator.
4. Have the rest of the team choose roles from role-play. (Lead team through decision process of who should be on the team).
5. If participants are in roles that do not have stated goals, have them make up goal for their role.
6. Go over team agenda and role of facilitator and team members

Prepare the facilitator independently of training team. Review duties. Ask these questions:

- What skills do they feel comfortable with?
 - How do you learn best: by being comfortable or taking a plunge?
 - What do they want out of this experience?
 - How will you give them positive feedback about being out on their learning curve?
7. Team role-plays for 7-10 minutes giving the facilitator enough time to take the team through introductions, ground rules, review of child and family strengths.

8. Stop role-play and give positive feedback. First, elicit from the facilitator, and other participants. Then focus on what the facilitator might have done changed or done differently. As the trainer you model how to do this first - giving constructive (behaviorally specific feedback). Then ask the team, then the facilitator.
9. Ask for a new facilitator. Have old facilitator assume their role. Go over info in #6 with new facilitator.
10. New facilitator leads group through current situation and sharing of agency plan. (7-10 min.)
11. Give feedback as in step # 8 above.
12. Ask for a new facilitator who picks up on planning process, developing new plans as needed.
13. Give feedback as in step # 8 above.
12. Ask for a new facilitator who picks up
14. Ask for new facilitator who picks up on planning process; clarifying strategies and task and developing crisis plan and scheduling a new meeting time and place.
15. Debrief overall role-play.

XII. Wrap-up Activity (15 min)

Choose from the following wrap-up activities:

Activity #1: Bull Ring

Equipment

The Bull Ring is made from a 1-inch diameter metal ring, available at most hardware stores, and several pieces of string or twine. You'll also need a tennis ball, golf ball (or if the stakes are really high) an egg.

The Challenge:

The challenge is to carry a small ball using a metal ring and twine Bull Ring through a series of obstacles and place the ball into a goal, such as a can, plastic bucket or into a segment of PVC tubing.

Presentation, Storyline or Metaphor:

The group gathered around the Bull Ring (5-15 people) is the Child and Family Team for this child (represented by the ball or egg placed on the ring). The team's challenge is to safely transport the child through the obstacle course to the final destination. One variation is to have the team choose one or more people to represent family members on the team.

Discussion and Debriefing Topics:

Did your group have a single leader, or was everyone part of the leadership?

What techniques did you use to overcome the obstacles?

What was the family's role in planning and implementation?

Did the team develop a plan before moving forward or did you just go for it?

These are just a few suggestions. As experienced trainers, you will notice many valuable debriefing topics that are relevant to the training topic.

Activity #2: Magic Carpet**Equipment:**

The Magic Carpet consists of a single piece of tarp, plastic tablecloth, blanket, or light-weight carpet material. Using a plastic cloth or tarp that is a different color on each side makes it easy for a group to see when they have accomplished their goal. For groups of 8-12 participants, the Magic Carpet should be approximately 4 feet by 5 feet.

The Challenge:

To turn the Magic Carpet over, without touching the ground surrounding the Magic Carpet.

Important Points:

In order to limit risk in this activity, request that all participants must maintain contact with the Magic Carpet at all times. This eliminates the option of carrying participants on shoulders and other balance related concerns.

The size of the Magic Carpet and the size of the group greatly affects the difficulty in accomplishing this challenge. A typical solution for this activity involve crowding a majority of the group towards an edge or corner, and having a few group members attempt to twist or fold the Magic Carpet over.

Discussion and Debriefing Topics:

An interesting question to ask participants during this initiative is what their role is with regard to the solution. Were they active or passive in their contribution to the final solution? Who did the most work? How many different leadership styles emerged? Did the team have a plan before moving forward? How and why did the plan evolve?

XIII. Evaluation (15 min.)*Handout*

- A. Ask participants for plus/delta.
- B. Ask for suggestions for additional training.
- C. Ask participants to complete individual evaluation forms.

System of Care: Similar or Different?

System of Care

- Plans are needs-driven.
- Plans incorporate existing services if a family needs them, but rely heavily on newly created services, informal supports, and community resources.
- Plans are family-centered
- No planning sessions occur without the presence of the child and the family.
- Service plans are strength-based and use the unique strengths, values, attitudes, and preferences of the child, family, and community.
- Services are culturally competent and individualized.

needs-driven

strength-based

community-involved

family-focused

Traditional

- Plans are service-driven.
- Children's needs are matched to a menu of existing services.
- Plans are child-centered.
- Service plans are developed FOR (not necessarily with) children.
- Plans list strengths but focus on deficits.
- Services are often offered as "one size fits all."

deficit-focused

limited to child

one for all service menu

service-driven

SOC Training for Judges

The following training was presented to Judges in the state of North Carolina to familiarize them with System of Care principles and procedures.

CHILD AND FAMILY TEAMS AND PLANS: An Overview

What does a Child and Family Team Do?

The Child and Family Team (CFT) works to develop a detailed and highly individualized service plan with specific, achievable, strengths-based behaviors and treatment goals. This plan guides service delivery and coordinates the work of the various participants using a wraparound approach. This is a focus on what a child and/or family needs to succeed, not just what the “system” wants to offer.

The Child and Family Team:

- is built around the family so that each family’s special needs are met;
- works to ensure that services are accessible to families and that they are offered at convenient times and locations;
- checks to make sure services are working and suggests changes when it is not working; and
- evaluates the outcomes of services delivered to ensure they succeeded in meeting projected outcomes.

Who is part of a Child and Family Team?

Each “team” is different so there is no set number of people on a CFT and the team changes, as necessary, over time based upon the issues of concern.

Child and Family Teams:

- require a parent/guardian’s involvement;
- include the child (if the child is old enough);
- are chosen by the family with help from a CFT Coordinator (a professional who could be a service provider/case manager from mental health, social services, juvenile justice, the courts, the education system, a trained family advocate, etc.);
- include anyone who is important in the life of the child and family and anyone who knows the strengths and needs of the child and family including people who are part of the child’s education, care, custody, or treatment and others who know the family and can lend support; and

- may include a family advocate who serves as a guide and support for the family.

What is the aim of the Child and Family Team?

- Increased collaboration among agencies and with parents.
- Development of one Child and Family Plan (CFP) that bases its strategies in the family's strengths.
- Increased involvement of the family's informal resources in the planning and delivery of services and evaluation of plan outcomes.
- Inclusion of parents as full and necessary partners in the care of their children.

What is a Child and Family Plan?

A Child and Family Plan (CFP) (may also be known as a Person-Centered Plan [PCP]) is a coordinated service plan that lists in detail what is needed, what is expected, and who will do what.

A Child and Family Plan/Person Centered Plan:

- reflects the strengths, preferences and needs of a child and family
- lists the people and agencies that will work with the child and family.
- spells out what people will do.
- includes and coordinates other related plans, such as a child's Individual Education Plan (IEP) and any existing court orders, etc.
- includes a Crisis Plan.

Crises will happen. The Crisis Plan spells out details such as who to contact, where the child should go, who will take charge and what backup services will be used to help the child and family. Without this Crisis Plan, a child often ends up in an institution or residential placement when this could have been avoided.

Questions that a Judge might ask of those presenting potential dispositions:

Was there a Child and Family Team Meeting?

Did a Child and Family Plan result?

Who was present on the Team? Were family members on the team?

What were the recommendations contained in the CFP?

Who is the key contact person?

Is this what the child and family really need or is this what is said to be available or is this just a convenient way to “make this go away”?

Were the elements in the plan (including the Crisis Plan) agreed upon and followed through with? If not, why?

Core Values – Child and Family Teams are:

- child-centered, family focused, and family driven;
- community-based; and
- culturally competent and responsive.

Principles – Child and Family Teams provide for:

- family participation in ALL aspects of planning, service delivery, and evaluation.
- individualized service planning driven by strengths and needs.
- service coordination or case management comprehensive, integrated services with coordinated planning across the child-serving systems and into the adult service system.
- services in the least restrictive environment.
- prevention, early identification and intervention.
- human rights protection and advocacy.
- nondiscrimination in access to services.

Child and Family Teams are convened to elicit:

- strengths
- needs
- goals
- services

- commitment

The Child and Family Team includes:

- the child (whenever possible);
- the family (CFT membership is determined by the family);
- service providers currently serving the family;
- potential service providers; and.
- informal as well as formal support services (friends, relatives, neighbors, pastors, etc.).

The Child and Family Team:

- is unconditional in its support of the child and family;
- constantly evolves in membership;
- addresses immediate needs such as safety and crisis plans as well as long-term needs;
- moves toward a team of informal community and family supports; and
- changes the plan, not the family, when problems arise.

Sarah's Story

Handout for Training Role-Play Activity

Sarah's Story

Sarah is a bi-racial (mother black and father white) 15 year old who lives in a medium size city in a neighborhood that is primarily apartments and low-income housing. At the time of the referral, she was living at home only because she was successfully running from all placements and her mother and therapist had exhausted available treatment options. She is a special education student due to learning disabilities. She is currently on a restricted schedule because of her behavior. She is argumentative, rude and non-compliant with teachers. Although she has never been assaultive, she has overturned desks and thrown her books when frustrated. She has a history of stealing items from other students. Her former guidance counselor has been an advocate for her and sees a lot of Sarah's good traits. She is currently reading at below grade level and in danger of failing 9th grade.

Sarah is under juvenile court supervision for one year due to multiple serious thefts from businesses and from other youth, but is due to be released from probation in about two months. She also suffers from epilepsy and has daily seizures if she does not take her medication. Unfortunately, she is in denial about the epilepsy and will rarely take her medications voluntarily.

Sarah's father cares about her but lives in another city, is remarried and is not very attentive to Sarah. His new wife is pregnant and is uncomfortable with Sarah being bi-racial. Her mother was married before and Sarah has two older half brothers who are both out of the home. Her 18-year-old brother was also served by the System of Care, but is now living with friends who are drug users in another city. Her 25-year-old brother is a resource for her. He is an aide in a nursing home and has over two years of sobriety from alcohol addiction.

Sarah has several close friends from the street with whom she has maintained a relationship for several years, even when she was in placement or detention. DSS initially removed Sarah from the home due to parental noncompliance with a court order around an abuse and neglect charge that her mother denied, but that was substantiated by an investigation. There is no current involvement with DSS. Her mother is very angry at "the system" and feels that no one ever listens to her. Sarah's mother is currently seeking employment after leaving a position in a beauty parlor as a hair stylist. She has worked sporadically but has had on-going difficulty with transportation and has found it difficult to get to and from work. She is frustrated with Sarah, but committed to trying whatever it takes to make things work at home this time.

Sarah's involvement with mental health has been erratic. She has had a number of therapists and been involved with various groups at the Center. However, she has not maintained regular contact. Recently, she was assigned a new therapist and seems to like the therapist so far. Sarah was assigned a coordinator/case manager from mental health, who decided to assemble a team to discuss a coordinated plan for Sarah and her family.

Convene a team meeting:

Janis Jones, the Coordinator, worked with Sarah and her mother to form a child and family team. Janis explained the purpose of a child and family team and what could be accomplished in the first meeting. Together they decided to include Sarah; her Mom, Sandra; Mrs. Uland, her guidance counselor; her 25-year-old brother Chuck; Sabetha Hitch, mental health home-based therapist; Karen Granger, special education teacher; Keith Roberts, a child welfare social worker; Evaleen Muhammad, a neighborhood YMCA volunteer who knows the family well due to her support of Chuck's entry into a 12-step group; and Sissy Friedman, another teen whom she met while in the mental hospital. Janis invited the members of the child and family team to the first meeting and explained the purpose and agenda including time requirements.

Build a Strengths Inventory:

Sarah

- Sarah is bright and creative and is good with her hands.
- She cares about animals and has a pet cat that is well behaved.
- She can hold long-term friendships.
- She is in good physical condition despite being very sexually active and has not become pregnant.
- She has shown that she can do well in school when she applies herself.
- When she was in placement outside the home, she was a frequent runner, but she always ran to home.
- She has avoided use of hard drugs, even when her peers have pressured her.
- Sarah thinks that she would be a good therapist and believes that she could be a good listener to kids with problems.
- She has adults whom she respects.
- She is not afraid to speak up and defend her "turf."
- She enjoys music.

Family

- Sarah has a devoted mother who has gotten off public support by going to trade school.
- Her 25 year old brother is involved in her life, has a job and has over two years of sobriety.
- Father acknowledges her and cares about her even though he is not involved.

Community

- Her family lives in a safe home.
- The Salvation Army Central Youth Shelter has worked with Sarah's family and is committed to continuing to work with them.
- A Salvation Army worker and her former school counselor have continued to advocate for her being able to go to the school in her neighborhood.
- Sarah has a new therapist with whom she is developing a positive relationship.
- The family is actively involved in the neighborhood YMCA and knows the staff there.

Identify and Prioritize Needs:

The child and family team helped Sandra visualize a future that she would like for Sarah and for herself. Sandra described a future in which she had more fun time with Sarah and more relaxed free time for herself.

Goals:

1. Sarah will remain living at home.
2. Sarah will make more friends and earn more freedom. In particular, she must learn not to steal.
3. Sarah will graduate from high school.

Needs-Based Objectives:

Living Situation/Emotional

Goal: The CFT needs to find a way to make it safe and healthy for Sarah to remain at home with Mom.

- Sarah needs to know when to back down when she is being disciplined at home or at school.
- Sandra and Sarah need to communicate more often without getting angry.
- There needs to be a clear understanding of what the expectation or rules of the house concerning things like homework, chores, allowance, free time, and curfews.

Educational

Goal: Sarah needs to find a way to remain in her community school so that she can become successful at grade-level work.

- Sarah needs to know when to back down when she is being disciplined at home or at school.
- Sarah needs to develop/maintain healthy relationships with peers in her school.

Medical

Goal: Need to ensure medical needs are being met so that Sarah can remain healthy and at home.

- Sarah needs to take her epilepsy medication.
- Sarah should see a gynecologist to ensure that she is receiving appropriate care and counseling.
- Sarah should visit an optometrist/ophthalmologist to have her eyesight checked to ensure that is not contributing to her learning disabilities.

Financial

Goal: Sandra needs to have sufficient income to maintain the house and family.

- Sandra's former WorkFirst Case Manager may be able to help Sandra obtain a new stylist job. She can also screen the family for potential benefits to help meet the family needs.
- Sarah's father needs to pay child support.

Legal

Goal: Sarah wants to be released from probation.

- Sarah needs to accept the decision of authority figures (mother, teachers, principals etc.).
- Sarah needs to learn to respect the rights of others. In particular, she needs to learn not to steal the property of others.
- Complete any case plan

Develop Strategies:

The child and family team brainstormed some potential initial solutions and double-checked to see that each solution was supported by a matching strength from the strength inventory. Janis, the child and family team Coordinator, wrote the plan using the coordinated service plan form. Individuals were identified to support each strategy developed and a timeline was created for accomplishing the task. (see Wrap-Around Service Plan)

Request Commitments and Plan Follow-Up:

Each child and family team member agreed to support and sign the plan. A plan review date was set for the child and family team to get together and review progress and make modifications if necessary.

Evaluate:

Wrap-Around Service Plan review by Janis Jones and review process in Area Mental Health agency.

Sarah's Coordinated Child and Family Plan

Goal #1: Sarah will remain living at home with Mom.

Need: The CFT needs to find a way to make it safe and healthy for Sarah to remain at home with Mom.

Strategies: Sabetha Hitch will work with Sandra and Sarah to develop communication and coping skills and to recognize when either is in danger of becoming angry and "losing it." Janis will help Sarah coordinate and attend doctor's appointments for a "healthy woman" checkup, an eye exam and ensure there is regular follow-up for her epilepsy. Janis will talk with the epilepsy clinic to ask if there is another teen with epilepsy who has struggled with the condition but who is now taking medication and is healthy. Chuck and Mom will coordinate their schedules to make sure one of them is home with Sarah in the afternoons and at night and Chuck will be available to both Mom and Sarah when one or the other "needs a break." Sandra will contact her former Work First case worker to get help with obtaining a job, receiving any assistance the family may be eligible to receive and to initiate paperwork for the back child support payments. The Salvation Army can also help with some utility bills if things become too tight.

Matching strengths: Both Mom and Sarah like and trust Sabetha and Janis. Chuck wants to be involved in Sarah's life and is reliable. Although Sarah has been resistant to taking her epilepsy medication, she may listen to a peer who has "been there." Sarah's father seems to still care for her and may find that establishing a reasonable child support payment and schedule will improve his relationship with Sarah and his own guilt.

Who: Sarah, Sandra (Mom), Janis (coordinator), Chuck (brother), Salvation Army, Sissy (friend), Sabetha (therapist)

Where: Home

When: See Wrap-around Service Plan.

Review date: Janis will review progress and accomplishments weekly with Mom, Sarah (and Chuck as needed).

Goal #2: Sarah will make more friends and earn more freedom. She will start by not stealing from others at the YMCA for the first 12 weeks of this plan.

Need: Sarah needs to learn to respect the rights of others. In particular, she needs to learn not to steal the property of others.

Strategies: Sarah will work with Evaleen at the YWCA as a volunteer. Evaleen will work closely with Janis to supervise this activity and to role-play all the potential situations where she may be tempted to steal at the YWCA. Again with Evaleen, she will be respon-

sible for following up on all thefts reported at the “Y” and will function as a volunteer investigator to learn what happened and its effect on the victim of the theft. If this goes well, Evaleen thinks that Sarah could be put in a paid position when she turns 16.

Matching strengths: Evaleen is family friend who is respected by Sarah. Sarah will role-play because she likes to be dramatic. She will be a very good volunteer investigator because she likes to be in charge.

Who: Evaleen is the lead person to implement with Sarah’s involvement.

Where: The 15th Street YWCA

When: Position beginning 4 weeks from the date of the planning meeting. First role playing session will be in 10 days at the family house.

Review date: Six weeks after start.

Goal #3: Sarah will graduate from high school.

Needs: Sarah needs to accept the decision of authority figures (teachers, principals etc.).

Strategies: Sarah will work with the guidance counselor, who is a friend of Sarah’s 7th grade teacher, to create an intervention plan that the administration can agree with. The plan will give Sarah a chance to appropriately express her side of the story in any disciplinary action. She will do this in writing and then with the counselor she will answer the questions of the administration. After this question and answer period, Sarah will accept whatever decision the administration decides is right.

Matching Strengths: Sarah respects the counselor and she works well with adults she trusts. Sarah is given an opportunity to stand up for her side of the story and defend her position. She is allowed to listen to others’ questions. Sarah has proven that she can do very well at tasks that she is involved in and applies herself to.

Who: The guidance counselor will be the lead in creating the plan and then will share it with the principal.

Where: At school

When: Sarah and the guidance counselor will start writing the plan on Monday. They will present the plan to the principal on Friday and if all is approved the plan will go into effect on the following Monday.

Review Date: The plan will be reviewed in a week and if all is going well, it will be reviewed again in a month, not withstanding.

Wrap-Around Service Plan

Current Situation: See attached "Sarah's Story"

Child's Name: Sarah

ID#: _____

Effective Date: Feb.1, 2003

Current Situation: See attached "Sarah's Story"	Family/Youth Strengths: Please see attached "Build A Strengths Inventory"
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Desired Outcomes	Needs (what needs to be done to reach outcome)	Strength-Based Strategies/interventions/tasks	By Whom	By When (Target Date)
1) Sarah will live at home with her mother.	a) Sarah needs to know when to back down when she is being disciplined at home or at school	a) Sarah and Mom will focus with Sabetha on ways to stop arguments before they get out of control. Whatever strategies are developed will be shared with her teacher to help reinforce Sarah to interrupt herself when things are getting out-of-control	Sarah, Mom, Sabetha	Feb. 15 – first meeting On-going sessions

Desired Outcomes	Needs (what needs to be done to reach outcome)	Strength-Based Strategies/interventions/tasks	By Whom	By When (Target Date)
1) Sarah will live at home with her mother.	b) Sandra and Sarah need to communicate more often without getting angry.	b) Sarah will identify ways to get hold of herself when getting frustrated and share ideas with Mom. Her friend Sissy will help Sarah brainstorm ideas, using their experience at the hospital for ideas.	Sarah, Sissy, Mom	Feb. 20
		b) Mom and Sarah will sit down together and try to solve current problems. If either gets angry, then take a time out.	Mom and Sarah	Ongoing
	c) There needs to be a clear understanding of the expectations or rules of the house concerning things like homework, chores, allowance, free time, curfews.	c) Mom, Sarah, Chuck, and Sissy will meet next week to brainstorm and develop reasonable rules, including chores, curfew, homework time and free time. Mom and Sarah agreed to try new rules for 3 weeks and then review to see how they were working.	Mom, Sarah, Chuck, and Sissy	Feb. 6
	d) Mom and Sarah will plan to spend time doing fun things together.	d) Each one will plan an activity one time per week.	Mom and Sarah	Ongoing

Desired Outcomes	Needs (what needs to be done to reach outcome)	Strength-Based Strategies/interventions/tasks	By Whom	By When (Target Date)
1) Sarah will live at home with her mother. 2) Sarah will make more friends and earn more freedom.	e) Sarah needs regular checkups and on-going care for her epilepsy.	e) Mom will help Sarah set up a gynecology exam, an eye exam and a neurological checkup for her epilepsy.	Mom and Sarah	March 30
		e) Janis will contact the Epilepsy Clinic to find out if there is any peer counseling available.	Janis	Feb 10
	f) Sandra needs sufficient income to maintain the house and family	f) Sandra will contact her WorkFirst Case Manager to see if she qualifies for assistance and to initiate child support payments.	Mom, WorkFirst Case Manager	Feb 15
	a) Sarah will learn to stop when she is tempted to take someone else's property.	a) Sarah will work with Evaleen at the YWCA as a volunteer. Evaleen will work closely with Janis to supervise an activity where Sarah is asked to role-play potential situations in which she may be tempted to steal.	Evaleen, Janis, Sarah.	Feb 28
	b) Sarah needs to learn the effect she has on someone who is the victim of the theft.	b) Sarah will follow up on all thefts reported at the "Y" and will function as a volunteer investigator to learn what happened and its effect on the victim of the theft.	Evaleen, Sarah	March 10

Desired Outcomes	Needs (what needs to be done to reach outcome)	Strength-Based Strategies/interventions/tasks	By Whom	By When (Target Date)
3) Sarah will continue to attend 9th grade and achieve passing grades.	a) Sarah needs to accept the decision of authority figures (teachers, principals etc.)	a) Sarah will work with the guidance counselor, who is a friend of Sarah's 7th grade teacher, to create an intervention plan that the administration can agree with. The plan will give Sarah a chance to appropriately express her side of the story in any disciplinary action.	Ms. Uland, Sarah.	
	b) Sarah needs to be motivated to do well at school.	b) Her plan at school will include incentives for Sarah to work towards to earn more freedom at school, which is very important to her. For example, turning in her homework may earn her more freedom. She is very interested in art and music classes and eating with regular ed students.	Ms. Uland, Sarah, Karen Granger	
	c) Sarah needs a positive connection or experience at school.	c) Sarah and the guidance counselor will look at what activities at school may be of interest and report back to the team. Sarah has had little experience with anything at school other than disciplinary contact. Assign a mentor or parent to tutor in reading.	Ms. Uland, Sarah	

Back-Up Plan: (Anticipate possible crises, and formulate plan that youth and family feel will best help stabilize the situation.)

Chuck is currently working on the day shift at the nursing home and is available to help at the times mom and Sarah are home together. Both Sarah and mom can call Chuck if they feel things are “getting out of control” and they need “space” away from each other.

Mom, Sarah, or Chuck can call Sabetha, as needed, while they learn to work through their new communication and problem-solving skills. Sarah will quietly leave her desk and the classroom and go to Ms. Uland if she feels she is “losing control” while in school. Sarah and Ms. Uland can call Sabetha for additional help.

Date of Next Meeting: March 31, 2003, 4:00 p.m.

Location of Next Meeting: YMCA, Room 10

<i>Sarah</i>		<i>Sandra</i>		<i>Janis</i>	
Consumer	Date	Parent/Guardian	Date	Staff/Team Member	Date

<i>Ms.Uland</i>		<i>Chuck</i>		<i>Sabetha</i>	
Staff/Team Member	Date	Staff/Team Member	Date	Staff/Team Member	Date

<i>Karen</i>		<i>Keith</i>		<i>Evaleen</i>	
Staff/Team Member	Date	Staff/Team Member	Date	Staff/Team Member	Date

<i>Sissy</i>					
Staff/Team Member	Date	Staff/Team Member	Date	Staff/Team Member	Date

Revised 9/01